

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597803

FILING DATE

11 DEC 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>/</i>					
2	<i>/</i>					
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46				<i>/</i>		
47				<i>/</i>		
48				<i>/</i>		
49				<i>/</i>		
50				<i>/</i>		
TOTAL IND.	<i>20</i>	↓	<i>4</i>	↓		↓
TOTAL DEP.	<i>16</i>	←	<i>19</i>	←		←
TOTAL CLAIMS	<i>36</i>		<i>23</i>			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				<i>/</i>		
52				<i>/</i>		
53				<i>/</i>		
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						